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ABSTRACT

This paper outlines a 9-week program for the acquisition of basic psychotherapeutic knowledge, attitudes, and skills for pre-practicum graduate students in professional psychology. Basic to the design of the described program are assumptions that participants have previously acquired, and demonstrated, proficiency in interactional skills which are precursors of the outcome behaviors specified for this course. The format presented includes: (1) use of videotape recorders; (2) verbal setting operations designed to elicit verbal behaviors that can be operantly shaped for successful mastery of recognizing and pursuing appropriate therapeutic leads and subsequent responses; (3) attitude shaping to effect a positive therapeutic climate; (4) "in vivo" experience in correlating the intended purpose of basic therapeutic leads and responses with subsequent patient behavior and affect; and (5) acquisition of knowledge gleaned from dyadic interactions, from brief presentations by the trainers, and from focused reading. Major contributions of the program are discussed, including the recognition of the prior experiential background of the participants, the use of an operant paradigm for the refinement and enhancement of therapeutic behaviors, and the design of teaching/learning activities which lowers the threat level and is self-affirming because recognition of existing competencies is acknowledged and reinforced. (Author/NB)

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TRAINING BEGINNING THERAPISTS USING AN OPERANT FORMAT

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Training Beginning Therapists
Using An Operant Formant

Abstract

This paper outlines a nine week program for the acquisition of basic psychotherapeutic knowledge, attitudes, and skills for pre-practicum graduate students in professional psychology. Basic to its design are assumptions that participants have previously acquired, and demonstrated, proficiency in interactional skills which are precursors of the outcome behaviors specified for this course. The format includes (1) use of videotape recorders; (2) verbal setting operations designed to elicit verbal behaviors that can be operantly shaped for successful mastery of recognizing and pursuing appropriate therapeutic leads and subsequent responses; (3) attitude shaping to effect a positive therapeutic climate; (4) in invo experience in correlating the intended purpose of basic therapeutic leads and responses with subsequent patient behavior and affect, and; (5) acquisition of knowledge gleaned from dyadic interactions, from brief presentations by the trainers, and from focussed reading. Major contributions are (1) recognition of the prior experiential background of the participants; (2) use of an operant paradigm for the refinement and enhancement of therapeutic behaviors and; (3) the design of teaching/learning activities which lowers the threat level and is self affirming because recognition of existing competencies is acknowledged and reinforced.

The initial clinical course for first year students in the School of Professional Psychology at Wright State University is in the area of basic psychotherapeutic methods designed to produce skills sufficient for their initial practicum placements. Prior to the development of the current course, the authors had used a variety of methodologies in attempting to teach basic therapeutic skills including Rodgers (1951, 1957) on creating a therapeutic climate, Ivey's (1971) use of micro-counseling, Carkhuff (1972,1975) on skill acquisition, and Kagan's (1967) paradigm of Interpersonal Process Recall. Irrespective of the methodology utilized, not all students achieved criterion level of functioning, and remediation was required. Hence, the genesis of our present effort began with our observation of these difficulties encountered by the students.

It was noted that performance anxiety in the problem students remained prepotent even after nine weeks, although most other students had become reasonably desensitized. The problem students also demonstrated poor interactional skills even though out-of-class observations indicated a higher level of functioning than seen in in-class behavior. These students were also preoccupied with the desire to always demonstrate the "correct" leads and responses, but without the ability to generalize from what had been practiced in class to the field situation.

Out of the frustration and failure of initial remediation efforts, a decision was made to begin "where the students were", i.e. ignoring assumptions concerning what they knew or should have acquired in coursework. References to roles and role behavior related to the tasks of a therapist were eliminated, and the

beginning instructional set was simply to engage in conversations of low risk content. Subsequently, instructional sets were refined and behavior was shaped to criterion level. In this process, it was discovered that these students had previously acquired problem solving skills and facilitative interactional skills, but were unaware of those designations and how to intentionally use such skills for therapeutic benefit.

The resultant work is now set forth in a nine week program offered to all first quarter, first year students in the School of Professional Psychology at Wright State University.

Learners

The incoming class numbers approximately 24-28 and is composed of post-baccalaureate students with one-third possessing some advanced graduate work. Most have majored in psychology at either the graduate or undergraduate level. Breakdown by sex varies, but is approximately equally divided, with age range from the early twenties to the mid-fifties.

Basic Assumptions

1. While it is axiomatic that students have varied backgrounds and interpersonal skills, it is assumed that they possess sufficient interpersonal skills requisite for therapeutic interactions. Their skills have been acquired in interactions within their families, extended families, friends, teachers, dating partners, spouses, and other settings. Typically, students do not identify these skills as therapeutic in nature, yet in the experiential components of the course the instructors label such skills, making the students aware

of what they have previously learned, and how to intentionally use such skills in subsequent interactions.

2. In the course of surviving in the academic world, students have encountered a wide range of problems and by virtue of their success it is reasonable to assume that problem solving skills have been acquired in this process. Exposure to the world of work has also provided additional opportunities for expanding their problem solving skills. In interpersonal relationships as well, the students have had further opportunities for skill development. As previously noted, the students often are unaware of such acquired skills and awareness training is necessary to enable them to generalize to the therapeutic application of those skills.

Outcome Behaviors

It is readily acknowledged that agreement does not exist within professional psychology as to the specification of the requisite behaviors that define the role of therapist. Therefore, in creating the outcome behaviors for this training program, previous experience was relied on, as well as colleagues, and the writings of a host of those who have written in this area, among whom we are obviously indebted to Rogers (1951, 1957) and Cormier and Cormier (1979, 1985).

Outcomes were sub-divided into categories of attitudes, skills, and knowledge as follows.

Attitudes:

1 - openness to giving and receiving feedback

2 - willingness to take risks (expand tolerance for ambiguity)

3 - desire to display non-judgemental/objective interactions

4 - openness to exploration of personal attitudes

re: competence, power, intimacy

5 - desire to learn the components of a therapeutic climate, i.e., illustrate empathy, positive regard, genuineness

6 - openness to exploring one's own value system

7 - willingness to be observed by others

Skills:

1 - therapist responses: probe, reflection, clarification, paraphrase, self-disclosure, interpretation, ability potential, verbal setting, confrontation, immediacy, summarization, instruction, information giving

2 - effectively open an interview

3 - utilize qualities of empathy, positive regard, genuineness

4 - identify general areas of concern

5 - systematic problem exploration

6 - effectively close an interview

7 - utilize patient record forms

Knowledge:

1 - understanding of the components of a helping relationship

2 - identification of basic responses by a therapist

3 - correlation of the intended purpose of basic therapeutic responses and subsequent patient behavior and affect

4 - awareness of the process of problem identification

5 - understanding of the process of problem specification through exploration

6 - development of a model for problem resolution

7 - use of an information base for problem resolution

8 - use of information from non-interview sources

9 - development of criteria related to problem resolution

10 - awareness of the role of nonverbal communication in therapy

11 - development of a service planning

Method:

1. A small group format, six members, is the primary modality in which an operant format is utilized for shaping attitudes, skills and knowledge, in order to acquire requisite skills for an initial clinical placement. The following is the protocol for the first small group session.

(a) Instructor to first dyad: "I would like the two of you to have a brief conversation of four to six minutes on a topic that I will provide. One of you will be the speaker and one of you will be the responder. Please decide now. O.K. (NAME) I would like you to talk about the "Person who had the most positive impact on my life."

(b) The dyadic interaction is tape recorded in the presence of the other four members of the small group.

(c) In processing the recorded tape, the facilitator begins with a general lead to the interactants about their individual experience, while being alert to opportunities for (1) reinforcing appropriate attitudes and (2) beginning to label appropriate skills. Additional input is solicited from the four observers with the facilitator in the role mentioned before.

(d) Replaying the tape serves a variety of purposes among which

the following are emphasized:

1. Self evaluation
2. Instructor can stop the tape to further reinforce an exemplary attitude or skill
3. Begin to develop students' awareness of the relationship between the response of the responder and the subsequent effect on the affect and behavior of the speaker.

(e) Group processing by all six members. Provides opportunity to reinforce learning that has occurred.

(f) Summary by instructor to begin to establish appropriate knowledge base for subsequent development.

(g) Process is repeated for the remaining members of the small group.

(h) At the end of the training session, a reading assignment is made which covers the attitudes, skills and knowledge which were the foci for this session. The object is to reinforce the learning which occurred and expand the awareness of the students.

2. The entire class meets, periodically, in a modified lecture format for acquisition of information that is appropriate to that setting, e.g. how to complete an initial client assessment form. The following outline is representative of this instructional mode.

(a) Brief lecture on the elements of the "client initial evaluation form."

(b) A prerecorded videotape of a therapy session is viewed to

provide patient data for the forms to be completed.

(c) Each student completes client form.

(d) Group discussion of relevant data with instructor reinforcing appropriate responses.

(e) Another prerecorded videotape of a therapy session is provided for further practice in acquiring relevant data on a patient.

3. Time. Two sessions of three hours duration, each week, for a period of nine weeks.

Discussion

Prior to the development of this training program, it was noted that students often entered the course with their personal ideas as to what a therapist is or should be, expressed, often, in identification with a noted therapist or a representative of a theoretical posture. Accompanying those ideas was the dissonant perception of the discrepancy between their own abilities and those perceived abilities of their identification model. Reluctance to display this dissonance subsequently interfered with the learning process. In addition, their personal understanding of their own developmental histories was generally not well understood and could not be readily generalized to the task of their becoming a therapist.

To combat these deficits, the program outlined in this paper was developed in an effort to lessen the impact of student personal perceptions of what a therapist is by utilizing conversations in which the focus is on the previously learned skills and attitudes of the individual and then shaping these attributes to generalize to an approach consistent with the personality and style of the individual,

with the aim of helping that person learn to be facilitative and therapeutic with skills that are intrinsic to the individual, without the need to become a "different" person, a therapist. This approach increases the self worth of the student as they become aware of abilities already possessed and, once aware, are more able to generalize to the subsequent role of therapist.

The conversational, "naturalistic" approach to the learning task decreases the student level of anxiety and creates an atmosphere conducive to change, not unlike the actual process of therapy. Instructional sets are utilized to enable students to establish a sequence of skill building in which the level of difficulty increases over time and enables the student to experience success at each level.

Conclusion

In the program set forth in this paper, which trains beginning students in attitudes, skills, and knowledge appropriate to the therapeutic endeavor, it has been emphasized that all students bring to this endeavor an existing range of skills that are, at least, minimally appropriate to the role of beginning therapist. The task of the teacher is to create a setting in which this prior learning can be demonstrated, brought into individual awareness, appropriately labeled, explicated by relating attitudes, skills, and knowledge displayed to the therapeutic process, and their combined effect upon the client or patient, and then reinforced operantly to enhance role performance. It is proposed that the design of the teaching/learning activities lowers threat level for the participants, while affirming their personal qualities as they display competencies that are

acknowledged, reinforced, and shaped towards the goal of criterion mastery.

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